


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2007 APR 25 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095786			
1. Entity Name FRAGA FAMILY CORP.			
Principal Place of Business 2299 SW 37TH AVE 4TH FLOOR MIAMI, FL 33145		Mailing Address 2299 SW 37TH AVE 4TH FLOOR MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box # <i>2665 S. Bayshore Dr.</i>		3. Mailing Address <i>2665 S. Bayshore Dr.</i>	
Suite, Apt. #, etc. <i>Suite # 302</i>		Suite, Apt. #, etc. <i>Suite # 302</i>	
City & State <i>Coconut Grove, FL</i>		City & State <i>Coconut Grove, FL</i>	
Zip <i>33133</i>		Zip <i>33133</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0730625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, MORENO & BROCHIN P.A. TWO ALHAMBRA PLAZA SUITE PH 1B CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> FRAGA, ANTONMIO O 2299 DOUGLAS ROAD, 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Fraga, Antonio O</i> <i>2665 S. Bayshore Dr. Suite #302</i> <i>Coconut Grove, FL 33133</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: <i>4/9/07</i> Daytime Phone #: <i>(305) 860-2300</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



01182007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0730625 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURAI, WALD, BIONDO, MORENO & BROCHIN P.A.
TWO ALHAMBRA PLAZA
SUITE PH 1B
CORAL GABLES, FL 33134

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Name
Street Address (P.O. Box Number is Not Acceptable)
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